BEST AVAILABLE COPY

	Effective Octob r 1, 2001												
		CLAIMS AS	PART ((Cotu	mn 2)		SMALL EN	<u>ттгү</u>	OR	OTHER SMALL			
TOTAL CLAIMS			8				1	RATE	FEE	1	RATE	FEE	l
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE CLAIMS			€ minus 20=		. 9			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		0			X42=		OR	X84=		١
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	740.	
TENST CLAIMS AS AMENDED - PART II 1-18-05 (Column 1) (Column 2) (Column 3)								SMALL 6	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	-23	Minus	- 20	<u>)</u>	.3		X\$ 9≈		OR	5-0 X\$18=	150.00	
	Independent	• 3	Minus	 2	<u>}</u>	-0		X42=	_	OR	-X84=		l
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+280=		
												150.00	
7	-22-05	(Column 1)		NODIT. FEE					l				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 23	Minus	- 2	3	= \		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	•••	}] [X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		J	+140=		OR	+280=		
								TOTAL		OR	TOYAL		
(Column 1) (Column 2) (Column 3)										JON	ADDIT. FEE		1
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	•	Minus	**		8	\prod	X\$ 9=		OR	X\$18=		
Z	Independent	•	Minus	***		2]	X42=		OR	X84=		
٢	FIRST PRESE	PENDENT	CLAIM		J ∤					•			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." AD								+140=		OR	+280= TOTAL		
*	if the "Highest Nu	mber Previously Pr imber Previously Pa iber Previously Pa	aid For IN THI aid For IN THI	S SPACE I IS SPACE I	s less tha Is loss tha	n 20, enter "20. in 3. enler "3."		DDIT. FEE	ropriate bo		ADDIT. FEE		
			0	- Calling		SCHOOL STATE OF THE STATE OF TH	Date	on and Tradeo	nik Office 11	S DE	ARTMENT OF	COMMERCE	ļ

Application or Docket Number